

Administration & Regulatory Affairs Department  
Regulatory Affairs Division  
1002 Washington Ave  
Houston, Texas 77002  
832.395.9632 Facsimile  
832.394.8803 Office  
Monday through Friday  
8:00 a.m. until 4:30 p.m.

### Vehicle for Hire Driver's License Application Checklist

- Obtain the Security Badge Application at [www.fly2houston.com](http://www.fly2houston.com) and complete the application in its entirety then go to the Badge Office located at Bush Airport Terminal A, Baggage Claim level with \$39.00 (cash only) for fingerprinting. **There is an additional fee of \$6.00 for the Airport Badge.**
- Take the completed application packet to 1400 Lubbock, Municipal Court, for a traffic warrant check. There is a charge of \$20.00 for the warrant check.
- After the fingerprinting wait 2-3 business days then call the Regulatory Affairs Division @ 832.394.8803 to determine if your fingerprint clearance has been received from the Badge Office. **There are no more fees for the license.**
- If fingerprint clearance has been received by the Regulatory Affairs Division, Come to 1002 Washington Ave., with the completed vehicle for hire driver application, including the completed physical form, warrant check page, and a 5- Panel Non DOT drug screen that was done in the preceding 30-day period, with Chain of Custody.
- **Bring the following items with you to 1002 Washington Ave.: physical form, warrant check page, a 5-panel Non DOT drug screen that was done in the preceding 30-day period (include the chain of custody), Work Authorization or US passport, and Social Security Card.**
- The physical form MUST be completed and signed by a Physician.
- You will need to have the Driver Affidavit notarized.
- All Taxicab driver applicants must be prepared to take and pass the Taxicab Driver's Exam. The test is only available Monday-Friday from 9:00 am to 11:00 am.
- There is a \$10.00 License fee for Jitney, Low Speed Shuttle and Pedicab Licenses.
- After receiving the Taxicab or Limousine driver's license, you may go back to the Badge Office at Terminal A to pick up the Security Badge.

### Other Application Information

- Incomplete applications will not be processed
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- Documents containing alterations, erasures, or outdated photos will not be accepted
- Applications are valid for 30-days from the date of the application.



City of Houston  
Regulatory Affairs Division  
1002 Washington Ave.  
Houston, Texas 77002  
Phone: 832.394.8803 Fax 832.395.9632



## VEHICLE-FOR-HIRE DRIVER'S LICENSE APPLICATION

1. For which type of City issued driver's license do you want to apply? (check one)  
☐ Taxicab ☐ Limousine ☐ Jitney ☐ School Bus ☐ Low Speed Shuttle ☐ Pedicab
2. Texas Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
4. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Business Phone Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Home Phone Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
8. List your places of residence for the past 5-years below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
10. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_
11. Have you previously had a license? Check One: ☐ Yes ☐ No
12. Do you currently have a city issued driver's license? Check One: ☐ Yes ☐ No
13. Have you had a city license suspended, revoked or denied? Check One: ☐ Yes ☐ No
14. Have you had any traffic violations in the preceding 12-months? Check One: ☐ Yes ☐ No
15. Have you ever been convicted of a crime? Check One: ☐ Yes ☐ No
16. What company do you intend to drive for? \_\_\_\_\_
17. List your occupation(s) and company name(s) for the past 5-years below.

DATE	NAME OF COMPANY	ADDRESS	OCCUPATION

**SCHEDULE M**  
**Vehicle-For-Hire Driver's**  
**Medical Examination Form**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Have You Ever Had: Heart Trouble? Epilepsy? Fainting Spells? Diabetes? Tuberculosis?  
If "Yes" to any of the above, explain:

\_\_\_\_\_

**To Be Completed by Physician:**

Visual Acuity \* (If individual wears glasses, test and record acuity with and without glasses)

Without Glasses: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ B 20/\_\_\_\_\_

With Glasses: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ B 20/\_\_\_\_\_

Field of Vision \_\_\_\_\_ Degrees \_\_\_\_\_ Depth Perception \_\_\_\_\_

Color Perception \_\_\_\_\_ Muscular Abnormalities \_\_\_\_\_

Hearing without Hearing Aid: Right \_\_\_\_\_ Left \_\_\_\_\_

Heart Sounds: At Apex Murmur \_\_\_\_\_ At Base Murmur \_\_\_\_\_

Rhythm \_\_\_\_\_ Enlargement Indicated \_\_\_\_\_

Pulse: Rate \_\_\_\_\_ Regularity \_\_\_\_\_

Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Condition of Arteries: Sclerosis \_\_\_\_\_ Pulsations \_\_\_\_\_

Lungs: Rate \_\_\_\_\_ Breathing Sounds \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Extremities: Deformities \_\_\_\_\_

Routine Office Urinalysis \_\_\_\_\_

**Evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addiction:** \_\_\_\_\_

\_\_\_\_\_

Remarks regarding any Condition not within Normal Limits: \_\_\_\_\_

\_\_\_\_\_

This is to Certify that I have examined: \_\_\_\_\_ and certify that he/she is mentally and physically fit to safely operate and drive a Vehicle-For-Hire.

Signature of Physician: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Telephone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Address (or Clinic Stamp Here):

\*Either a licensed physician or a licensed optometrist may perform visual Examination. If additional space is needed, attach extra sheet.

**\*\* Note:** Physical form must be signed by the doctor, dated, have the address and phone number from the clinic, or it **will not** be accepted.

**SCHEDULE C  
CHARACTER REFERENCES FORM**

Name of Applicant:

\_\_\_\_\_  
Last First MI

Texas Drivers License Number \_\_\_\_\_

**\*CHARACTER REFERENCE INFORMATION CANNOT BE COMPLETED BY THE APPLICANT. CHARACTER REFERENCES MUST HAVE KNOWN APPLICANT FOR MORE THAN ONE YEAR AND CANNOT BE RELATED TO THE APPLICANT**

**Character Witness #1**

- Has the applicant ever been your employee? \_\_\_\_\_
- Does the applicant use liquor to excess or drugs? \_\_\_\_\_
- In your opinion is the applicant trustworthy? \_\_\_\_\_ Honest? \_\_\_\_\_ Good Character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Character Witness #2**

- Has the applicant ever been your employee? \_\_\_\_\_
- Does the applicant use liquor to excess or drugs? \_\_\_\_\_
- In your opinion is the applicant trustworthy? \_\_\_\_\_ Honest? \_\_\_\_\_ Good Character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* QUESTIONS ARE YES AND NO ONLY. NO CHECKS OR X'S!**

**\*\* IF YOU ARE A JITNEY APPLICANT, THE REFERENCE HAS TO HAVE KNOWN YOU FOR ATLEAST TWO (2) YEARS.**

City of Houston  
Administration and Regulatory Affairs Department  
Regulatory Affairs Division  
Driver Affidavit

**Declaration of Applicant:**

Under penalties of perjury, I (print name) \_\_\_\_\_ declare that I have examined this application and accompanying Schedule C (Character References Form) and Schedule M (Medical Examination Form) and to the best of my knowledge and belief, that all information herein is true, correct, and complete.

\_\_\_\_\_  
Applicant Signature

State of Texas  
County of Harris

Before me, \_\_\_\_\_ on this day personally appeared \_\_\_\_\_ proved to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and knowledge that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal office this \_\_\_\_\_ day of \_\_\_\_\_ Ad 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires

**FOR OFFICE USE ONLY**

MUNICIPAL COURTS WARRANT CHECK \$20.00 1400 LUBBOCK, 1 <sup>ST</sup> FLOOR	CHECKED BY:  _____ CLERKS; CORPORATION COURT
---	---